

APPLICATION FOR REGISTRATION AS A HVAC APPRENTICE

Building & Safety Department
555 S. 10TH Street, Room 203
Lincoln, Nebraska 68508-3995
Phone: (402) 441-7521

TO THE BOARD OF HVAC EXAMINERS:

I, _____, hereby make application for
(Please print applicant's name)
registration as a HVAC Apprentice in accordance with the City of Lincoln, Nebraska, HVAC Code.

Home Address _____ City _____ State _____ Zip _____

Home Phone Number _____ - _____ Work Phone Number _____ - _____

Business Address _____

Present Employer _____

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HISTORY OF EMPLOYMENT AS A HVAC APPRENTICE

EMPLOYER	DATE BEGAN WORK	DATE FINISHED WORK

I agree that any false statement herein made is just cause for cancellation of the Apprentice Certificate and I further agree without reservation to abide by all laws and rules of the appropriate city codes.

(Signature of Applicant)

The registered Master Contractor employing the above Apprentice shall sign this application.

(Signature of Master Contractor)

(Date)